


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 16, 2004 8:00 am
Secretary of State

08-16-2004 90018 004 ****61.25

DOCUMENT # N97000003363
 1. Entity Name
THE ROTARY CLUB OF ORLANDO, INC.



Principal Place of Business Mailing Address
32 W. GORE ST., SUITE 500 **32 W. GORE ST., SUITE 500**
ORLANDO FL 32806 **ORLANDO FL 32806**

34068397



MOORE CR2E037 (11/03)

2. Principal Place of Business 3. Mailing Address
2100 Alden Road **2100 Alden Road**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 200 **Suite 200**
 City & State City & State
Orlando, FL **Orlando, FL**
 Zip Country Zip Country
32803 USA **32803 USA**

4. FEI Number **59-0581956** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
SCHAFFER, MICHAEL
800 SO. ORLANDO AVENUE #100
MAITLAND, FL 32751

7. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME PD DOUDNEY, DOUGLAS STREET ADDRESS 1443 BUCKWOOD DRIVE CITY-ST-ZIP ORLANDO FL 32806	<input checked="" type="checkbox"/> Delete
TITLE NAME S LOVELACE, ELLEN STREET ADDRESS 1720 GLENCOE ROAD CITY-ST-ZIP WINTER PARK FL 32789	<input type="checkbox"/> Delete
TITLE NAME T SCHAFFER, MICHAEL STREET ADDRESS 800 SO. ORLANDO AVENUE #100 CITY-ST-ZIP MAITLAND FL 32751	<input type="checkbox"/> Delete
TITLE NAME D GARCEAU, JOHN C STREET ADDRESS 83323 AMBER OAK DRIVE CITY-ST-ZIP ORLANDO FL 32817	<input type="checkbox"/> Delete
TITLE NAME PE SHEA, J DARRELL STREET ADDRESS 818 OAK STREET CITY-ST-ZIP ORLANDO FL 32804	<input type="checkbox"/> Delete
TITLE NAME P SEAY, RALEIGH F. STREET ADDRESS 717 NO. MAGNOLIA AVENUE CITY-ST-ZIP ORLANDO FL 32802	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME PE W. Charles Shuffield STREET ADDRESS 1000 Legion Place, # 1700 CITY-ST-ZIP Orlando, FL 32801	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME P STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the record-keeping officer empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ellen O. Lovelace 8-12-04 407-422-9686
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #